

HOMEOWNER AFF	IDAVIT VNER is completing any work on the	home)	
		DATE:	
PART 1: IDENTIFICA	ATION		
PROJECT ADDRESS:_			_ LOT #
HOMEOWNER NAME	:		
MAILING ADDRESS: _			
if different from project addre	ess (street)	(town)	(state/zip)
Phone #	e-mail:		
and health laws of the Staviolations from the provisi constitute a cause for reversitions. The Homeowner will result office, at their own expensitions information will be available. According to Ordinance work; unless they hold a limited violation.	viner verifies: by agrees to abide by and comply with ate of Indiana. Furthermore, understons of these laws and ordinances of ocation of this permit. becord the Homeowner Affidavit (this see, attesting to the work that will be aliable during any title search and slee #217-A, the Homeowner cannot compare the search and slee #217-A, the Homeowner cannot canno	r conditions as stated herein shall form) at the Lake County Recorder's completed on the property, as hall run with the land. Complete any Electrical, Plumbing, or Me	echanical/HVAC
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STATE OF INDIANA ) COUNTY OF LAKE )	SS:	Homeowner Printed Name	<del></del>
		Homeowner Signature	
SEAL:			
	NOTARY SIGNATURE:		
	RESIDENT OF COUNTY OF:	STATE OF	
	My Commission Expires:		